

DFAS-CO TRAVEL DIRECT DEPOSIT REPLY FORM

E09397 Applies as Collection of Privacy Act Information

I authorize my travel payments to be directly deposited into the financial account shown below. I further understand that I must notify DFAS-CO-FQC (EFT Customer Service Section) of any banking changes that I make to this direct deposit account. To allow for processing time, please submit your banking information 14 days prior to the effective date of the change. Travel payments are issued on a daily basis apart from paycheck being issued biweekly; therefore, deposits of travel payments can be made at any time.

PRINT NAME (LAST/FIRST/MI)

HOME ADDRESS

CITY/STATE/ZIP

SSN

(check one) PCS

☐

TDY

☐

Organization

Work Telephone Number

Signature

Date

Please return the complete Reply form to the address below or fax your Reply Form to DSN 869-5078 or Commercial (614)693-5078, ATTN: DFAS-CO-FQC

Defense Finance and Accounting Service
Columbus Center
Attn: DFAS-CO-FQC
P.O. Box 182317
Columbus, OH 43218-2317

ATTACH FINANCIAL ACCOUNT INFORMATION

Attach (1) voided personal check, or (2) complete the block below before mailing or faxing

BANKING ROUTING NUMBER

ACCOUNT NUMBER

Attach here

Privacy Act Statement

Collection of the information you are requested to provide on this form is authorized under 31 cfr 209 and/or 210. This information is confidential and is needed to prove entitlement payments. The information will be used to process payment data from the federal agency to the financial institution and/or its agent